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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2009 MAR 27 P 12: 25

1. NAME OF COMMITTEE (in full)	(Check if r		typing, type 12F	E4M5
POET PAG				
	<u></u>			<u> </u>
ADDRESS (number and street)	4.6.1.5 N	ORTH LEG	JIS AVENU	45
(Check if address is changed)				
	5,1,0,4x	FALLS) KJ10141-
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	PA400	ETPAGOL	> m	
COMMITTEE'S WEB PAGE ADDRESS (URL)				
for the second second				
(Check if address is changed)	L			
2. DATE D3 24 2009				
3. FEC IDENTIFICATION NUMBER CO.O.4.5.0.6.9.2				
4. IS THIS STATEMENT	NEW (N)	OR X A	MENDED (A)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer DAN LOUE LAND				
Signature of Treasurer	a L	30	Date	03/25/2009
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		Federa Toll Fre	ther information contact: Election Commission e 800-424-9530 02-694-1100	FEC FORM 1 (Revised 02/2009)